

Application for Employment

ANSWER ALL QUESTIONS — PLEASE PRINT

Wilson County ESD #3

11984 US Hwy 87 W

La Vernia, TX 78121

(830) 581-0380 • Fax (830) 542-6592

www.wcesd3.com

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION _____ / _____ / _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER (_____) _____ SOCIAL SECURITY NUMBER _____
AREA CODE

EMAIL _____ CELL PHONE PROVIDER _____

If necessary, the best time to call you at home is

May we contact you at work?

If yes, work number and best time to call (_____) _____
AREA CODE

Have you filed an application here before?

If yes, give date / _____ / _____

Have you ever been employed here before?

If yes, give dates FROM _____ / _____ / _____ TO _____ / _____ / _____

Are you at least 18 years of age?

Are you legally eligible for employment in this country?

Have you ever been convicted, pled guilty, or no contest to a felony offense?

If yes, please explain. _____

For purposes of employment with Wilson County ESD #3, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

Date available for work / _____ / _____

Type of employment desired:

Are you on a lay-off and subject to recall?

Is there anything to prevent you from working the number of hours per week required by the position for which you are applying?

Will you work overtime if required?

Driver's License Number: _____ Class _____ State Issued: _____ Expiration Date: _____
(Please Circle One)

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities
	() -	FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE		\$	PER	
EMPLOYER	TELEPHONE	DATES EMPLOYED		
	() -	FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE		\$	PER	
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REASON FOR LEAVING		HOURLY RATE		
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IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE		
		FINAL		
MAY WE CONTACT FOR REFERENCE		\$	PER	

Comments (include explanation of any gaps in employment)

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment and other experiences that may qualify you for work with our organization.

Educational Background

List last three (2) schools attended, starting with most recent. List number of years completed. Indicate degree or diploma earned, if any, and major and minor field of study (if applicable).

SCHOOL	NO. YEARS COMPLETED	DIPLOMA	DEGREE	MAJOR	MINOR

List any foreign language (s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	() —	
	() —	
	() —	

List any professional, trade, business or civic associations and any offices held. (Answers to this question are optional.)

ORGANIZATION	OFFICES HELD

List any special accomplishments, publications, awards. (Answers to this question are optional.)

List any professional certifications or licenses you hold:

I certify that the answers given on this application are true and correct. I understand that my failure to answer all non-optional questions asked by this application, or falsification of any statement made herein, may result in rejection of my application or dismissal from employment if discovered after hiring. Furthermore, I understand that just as I am free to resign at any time, that Wilson County ESD #3 reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Wilson County ESD #3 has the authority to make any assurances to the contrary.

I agree to immediately notify Wilson County ESD #3 if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

I give Wilson County ESD #3 the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Wilson County #3 and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

As part of the employment process and/or from time to time during my employment by Wilson County ESD #3, if employed, I agree to submit upon request, to a physical examination, work steps and/or drug and alcohol screening by a physician or laboratory selected and paid by Wilson County ESD #3.

I also agree that, if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to Wilson County ESD #3's general liability insurance carrier shall be considered misconduct that may result in my dismissal.

Wilson County ESD #3 is an equal opportunity employer. Wilson County ESD #3 does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration on a basis prohibited by local, state or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from Wilson County ESD #3 and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date _____ / _____ / _____

DPS Computerized Criminal History (CCH) Verification

(Wilson County ESD #3)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on Name and DOB information I supply.
APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (Wilson County ESD #3) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Wilson County Emergency Services District No. 3

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ Initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ Initial
Date Printed:	_____ Initial
Destroyed Date:	_____ Initial
Retain in your files	

Wilson County ESD #3
DISCLOSURE, AUTHORIZATION, AND RELEASE TO OBTAIN INFORMATION

In connection with my application for employment with Wilson County ESD #3, Wilson County ESD #3 may perform a background investigation itself and/or obtain a consumer report and/or an investigative consumer report on me. Either type of consumer report is subject to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 *et seq.* ("FCRA"). Under the FCRA, before Wilson County ESD #3 may seek such report, it must have my written permission to obtain the information. Wilson County ESD #3 is authorized by Chapter 411 of the Texas Government Code to perform criminal history record checks on applicants for employment with Wilson County ESD #3.

I hereby authorize and permit Wilson County ESD #3 or a third party retained by the City to obtain a consumer report and/or an investigative consumer report on me, which may include: public and private records and/or other information about my employment, academic achievement, professional licenses, credit reports, prior criminal history, civil litigation, social security number, driving record, any liens or judgments, and bankruptcy.

I understand that a "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes. I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I understand that a consumer reporting agency is not required to remove accurate derogatory information from my file unless the information is outdated or cannot be verified.

I authorize and request all persons, schools, public and private entities, credit bureaus, courts, law enforcement agencies, armed forces, employment commissions and all other government agencies to release such information about me without restriction or qualification. I voluntarily waive all recourse against, and release the requested parties from liability for complying with this Authorization. I release Wilson County ESD #3, its employees and agents from any and all liability for the preparation of any report concerning myself or my background. I agree that a photostat or facsimile of this authorization has the same effect as the original.

I understand that under the FCRA, upon written request, I may obtain a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I am also entitled to a copy of my consumer rights under the FCRA.

I understand that I may have additional rights under federal or state law and may contact the following to learn of those rights: (1) the Federal Trade Commission by telephone at 1-877-FTC-HELP, or by mail at CRC-240, Washington, D.C. 20580; or (2) a state or local consumer protection agency or a state attorney general.

I understand that if Wilson County ESD #3 considers any information in the consumer report when making an employment related decision that directly and adversely affects me, Wilson County ESD #3 will provide me with a copy of the consumer report before the decision is finalized.

This authorization shall remain in effect over the course of my employment, so that Wilson County ESD #3 may order reports periodically during the course of my employment if deemed appropriate.

PRINT NAME

SOCIAL SECURITY NUMBER*

SIGNATURE

DATE OF BIRTH*

* Need to verify identity

TODAY'S DATE

PRE-EMPLOYMENT PROHIBITED DRUG TEST ACKNOWLEDGEMENT FORM

As required by Wilson County ESD #3 Policy; certain federal and state regulations, all applicants for covered positions must submit to a prohibited drug test.

Agreement to the above cited policies and regulations authorizes Wilson County ESD #3 to collect a urine or other specimen as cited Wilson County ESD #3 Policy for the purpose of administering a pre-employment prohibited drug test at a time and location determined by the City, and to obtain the results from the testing laboratory.

In the event my specimen tests positive for the presence of a prohibited drug or substances, I will no longer be considered for employment with Wilson County ESD #3. Any further consideration for employment will be in accordance with the terms and conditions in Wilson County ESD #3 Substance Abuse policy.

The results of the test will be reported by the testing laboratory to the Medical Review Officer who will report the test results to the EMS Director for Wilson County ESD #3 record keeping. These results will not be released to any additional parties without the written permission of the applicant named below.

I hereby agree to submit to a prohibited drug test.

Applicants Name: _____ Date: _____

Social Security Number: _____

Driver's License Number: _____

Applicants Signature: _____